



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE**
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310



**EMS CERTIFICATION AND EXAM APPLICATION
FOR REGISTERED NURSES AND PHYSICIAN ASSISTANTS**

As a registered nurse or a physician assistant, you may apply for VT EMS certification at any level without prior EMS education or national EMS certification upon successfully demonstrating to your sponsoring EMS agency and EMS District Medical Advisor that you have the knowledge, skills, and affective competencies associated with the level you are seeking. You may gain certification after successfully completing the psychomotor and cognitive examinations associated with that level.

Instructions:

1) After receiving the approval of your Head of Service, Training Officer and District Medical Advisor, select a test site to take your psychomotor examination(s) and submit this application to the EMS Office for approval. Your application must be signed by all 3 officials listed above. Additionally, you must:

- a) Meet the minimum age requirement for the level sought;
- b) Be sponsored by an ambulance or first responder service licensed at the level sought; and
- c) Meet the provisions for crime background screening, tax liabilities, child support payments and similar requirements described by current EMS rule and VT statute.

Page 2: Please print carefully or type all requested information.

Page 3: Please write in the location and date of the psychomotor exam site you wish to attend. If your attendance is approved, the Vermont EMS office will return this page to you as confirmation.

Page 4: Please read this page carefully before you submit your application. It contains important information about the exam and certification.

Page 5: Please answer all of the questions and affix your signature to this page. Once you have completed the application, your agency's Head of Service will need to sign attesting to your affiliation with that agency. In addition, your agency's Training Officer and your district's Medical Advisor will need to sign attesting to your competency to apply for this level of Vermont EMS certification.

2) After the Department has confirmed your eligibility, you must:

- a) Successfully complete the psychomotor skill examination(s) approved by the Department for the level sought. For the EMT-I-90 and EMT-I-03 levels, this shall include both the Vermont EMT-B and EMT-I-90 or EMT-I-03 psychomotor examinations; and
- b) Successfully complete the cognitive examination(s) for the level sought. For all levels other than EMT-I-90 or EMT-I-03, this is the National Registry of EMTs cognitive assessment examination. For the EMT-I-90 and EMT-I-03 levels, this is the NREMT EMT-B cognitive assessment examination and the Department's EMT-I-90 or EMT-I-03 cognitive examination. You may register for NREMT cognitive assessment exams at www.nremt.org. You may register for EMT-I-90 or EMT-I-03 cognitive exams through the Vermont EMS Office.

Psychomotor Exam Location

Exam Date

CERTIFICATION EXAMINATION NOTIFICATION

FILL IN BELOW THE LOCATION WHERE YOU WISH TO TAKE THE PSCHOMOTOR EXAM:

Exam Location

Exam Date

I wish to take the certification examination for the following level:

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> FR-ECA | <input type="checkbox"/> EMT-Basic | <input type="checkbox"/> EMT-I-90 | <input type="checkbox"/> ADVANCED-EMT |
| <input type="checkbox"/> EMR | <input type="checkbox"/> EMT | <input type="checkbox"/> EMT-I-03 | <input type="checkbox"/> EMT-PARAMEDIC |
| | | | <input type="checkbox"/> PARAMEDIC |

FILL IN NAME & ADDRESS BELOW:

- ☐ Your application has been approved. Bring this notice to the practical exam site and present it to the state exam proctor.

EMS Staff: _____

PLEASE PRINT

SSN (Last 4 digits)

Middle Name

ZIP

Date of Birth

Email Address(es)

Additional Service Affiliation

Additional Service Affiliation

CERTIFICATION LEVEL: ☐ FR-ECA ☐ EMT-Basic ☐ EMT-I-90 ☐ ADVANCED-EMT
☐ EMR ☐ EMT ☐ EMT-I-03 ☐ EMT-PARAMEDIC
☐ PARAMEDIC

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

Cognitive Exam	Exam #1	Date	Exam #2	Date	Exam #3	Date	CE	UL	HL
FRECA EMR									
EMT-B EMT									
EMT-I A-EMT									
Paramedic									
Practical Exam									
Sta 1	P F		P F		P F		FR & B: Trauma Assessment		
Sta 2	P F		P F		P F		FR: CPR B: Medical Assessment		
Sta 3	P F		P F		P F		FR: Upper Airway B: Cardiac Arrest		
Sta 4	P F		P F		P F		FR: Bleeding Control B: Spinal (BB/KED)		
Random	P F		P F		P F		LB, Joint, Trac, Bleed, Airway, CPR, Meds		
Sta 6	P F		P F		P F		Pt Assess & Adv Mgmt		
Sta 7	P F		P F		P F		Inter Airway Mgmt		
Sta 8	P F		P F		P F		IV Ther & Med Admin		

COMMENTS :

INFORMATION FOR CANDIDATES ON BASIC AND ADVANCED EMT EXAMINATIONS

The purpose of certification exams is to determine whether candidates have the knowledge and skills which are expected at particular levels of training. It is important that you understand how the examinations are administered so you can be prepared.

1. The local Exam Coordinator has set up the location of the exam, scheduled the date and time and selected the practical examiners.
2. A representative of the Health Department is present to ensure that the exam is conducted properly. **If you feel you have been treated unfairly, it is essential that you speak with the state representative before you leave the testing session.**
3. You must have a certification card in hand before you are considered certified. Because of this, the EMS Office makes a special effort to get cards to initial certifications as soon as possible.
4. In order to be certified as an EMS provider, you must show appropriate involvement in emergency care (e.g., be affiliated with a licensed ambulance or first responder service).
5. In order to be certified at an advanced level, you must be affiliated with a service licensed at or above that level and be currently certified as a Vermont EMT-Basic.
6. If you do not feel up to taking an exam because of physical illness or some other reason, it is in your best interest to take the exam at another place and time.

Exam results will be mailed to you within four weeks. Certification cards will follow later. If you need to retest, contact the EMS Office or your exam coordinator to find an exam location.

Psychomotor examinations are simulations that cannot be as realistic as field situations, but you should take them seriously in order to do well. The stations have time limits, but you do not need to finish everything at a station to pass.

Retesting: Most people pass the exam on the initial try, but if you fail you are entitled to re-take any (or all) practical stations and/or the cognitive exam at another testing session within time limits established by the National Registry of EMTs and the Vermont Department of Health. You should reassess your readiness, address any gaps in your knowledge, and practice before you retest. If some extenuating circumstances prevent you from doing so, write the EMS Office with a description of the difficulties and ask for an extension.

Summary: Your exam should be fair and impartial. You have the responsibility to take the exam seriously and to notify the state representative immediately of any problems. If you fail any part of the exam, you may retest in accordance with the policies of the National Registry of EMTs and the Vermont Department of Health. You have the responsibility to find out what the problem was before you test again.

If you need any special accommodations in order to take a National Registry of EMTs examination, contact the NREMT directly at www.nremt.org or 614-888-4484. If you need an accommodation for a state written and/or practical certification exam, notify the EMS Office in writing with this application.

Notification: You will be notified in writing of admittance or non-admittance to the exam. If you have not been admitted to the requested exam, you will be provided with a list of alternate exam sites from which to choose. **Remember to write your name and address on page 3, the notification page.**

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

YES	NO	Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rules 11.1.6.1} If yes, please explain: _____
YES	NO	Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules 11.1.4} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO If not disclosed, please explain: _____ If yes, please provide complete copies of documentation for each matter. _____
YES	NO	Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.1.6.10} If yes, please explain: _____
YES	NO	Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or resigned a license or certification for any reason in Vermont or elsewhere? If yes, please explain: _____
NO	YES	Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795} If no, please explain: _____
NO	YES	Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? {32 V.S.A. Section 3113} If no, please explain: _____
NO	YES	Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378} If no, please explain: _____

I attest the information contained in this certification application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding certification contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) _____ Today's Date: _____

Applicant Signature _____ Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

_____ Name of Vermont Licensed Service	_____ Head of Service (Please print)	_____ Service #
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_____ Head of Service Signature	_____ Date
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TRAINING OFFICER & DISTRICT MEDICAL ADVISOR: We have reviewed the learning objectives/educational guidelines for the requested EMS certification level and hereby verify that the applicant has the knowledge, skills and affective competencies associated with the EMS certification level for which they are applying.

_____ Training Officer or District Training Coordinator Signature	_____ Date
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_____ District Medical Advisor	_____ Date
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